



Los Angeles County Commission for Women



APPLICATION FOR DONATION

The Mission

The Los Angeles County Commission for Women seeks to represent the interest and concerns of women of all races, ethnic and social backgrounds, religious convictions, sexual orientation and social circumstances.

The Commission is mandated to:

Advise the Board of Supervisors, County departments and agencies on needs of women and matters relating to discrimination and prejudice on account of sex, marital status and sexual orientation.

- Recommend programs or legislation to promote and ensure equal rights and opportunities for women.
- Research and Investigate conditions which allegedly discriminate against women and disseminate results of investigations.
- Provide a coordinating function for County departments, community groups and organizations concerned with women's rights.

All requests for funds shall allow the LACCW 60 days prior to propose date needed for funds to make a determination. The requesting organization must provide the following information before consideration of a request.

Name of Organization

Address

City

Zip

Telephone Number

FAX Number

Website Address

Contact Person

Title

Cell (optional)

E-mail

Organizational Identification

(Non-profit status/tax I.D. number): _____

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Mission of Organization (Purpose and Goals):

History of Organization and Time of Existence:

Listing of Board of Directors:

Event Information – Date/Time, Location and Target Number of Attendees:

Date/Time: _____

Location: _____

Target Number of Attendees: _____

Event Information – Purpose and Goals: This initial roundtable and the following events will target women
* Event publicity materials may be included (optional) from shelter organizations, mental health, public health and health
educators.

In what Los Angeles County District will this event take place? 11th district
(Please enter the district number)

In what Los Angeles County District does your organization belong to? 2nd Supervisorial District
(Please enter the district number)

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Constituency served within Los Angeles County (age, gender, ethnicity, income level, geographical region, etc.):

The task force will connect individuals and groups who live and work within the Los Angeles County borders by creating more awareness around the impact trauma has on all of us. Thus the responsibility is shared to promote opportunities for connection, healing and safety. This task force intends to include all constituents, as trauma is an epidemic that impacts us all, whether directly or indirectly.

Specific Request (i.e. monetary contribution, use of LACCW's name or logo, access to mailing resources, and/or staff assistance)

Monetary contribution in the amount of \$750 to provide featured speaker with an honorarium, to provide refreshments, to cover the costs of promotional materials to advertise the event, and any other costs incurred related to location fees, use of technology, rentals or supplies.

How will this donation benefit the organization?

This donation will support the steering committee as they launch the first in a series of targeted community round table events aimed to raise awareness of the task force and to promote membership and activism in this citywide effort. This donation will allow the task force to begin the process of spreading awareness throughout the county and to build upon this momentum of this initial community round table to further the discussion and embark upon critical outreach efforts.

Have you received donation funds from LACCW before? If yes, please specify the event, time, and amount of donation. If more than once, please specify the two most recent occasions.

No (____), this is the first time we received donation from LACCW.

Yes (____), we have received donation(s) from LACCW previously.

First Occasion:

Name of the Event _____

Date of the Event: _____

Donation Amount: _____

Second Occasion:

Name of the Event _____

Date of the Event: _____

Donation Amount: _____

Please send this form to:
Los Angeles County Commission for Women
500 W. Temple Street, Rm. B-50, Los Angeles, CA 90012
PH: 213-974-1455
FAX: 213-633-5102
www.laccw@bos.lacounty.gov

For CW Office Only:

_____ Date Received _____ Received By _____ Date of Review _____ Reviewed By
(Yes____) (No____)
Place on Agenda: _____
Reason for not placing on agenda _____

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_____ (Yes____) (No____) (Yes____) (No____) _____
Date of CW Board Meeting Action Taken Notification Sent Amount Approved

Reason for Rejection

